PAGE 1 / 42

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Autho	orized Committee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	5
Foundation for a Greate	er America, Inc.			
ADDRESS (number and street)	P.O. Box 3587			
Check if different				
than previously reported. (ACC)	Tustin		CA _	92781
2. FEC IDENTIFICATION NU	MBER ▼ CITY	<b>A</b>	STATE ▲	ZIP CODE ▲
C C00555862	3. IS	THIS NEW (N) OR		ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:	0 (M2) May 20 (M:		20 (M8) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:	Mar 2	0 (M3) Jun 20 (M6	) Sep 2	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1		0 (M4) Jul 20 (M7)	Oct 2	0 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2	PRF-Flection	Primary (12P)	General (	12G) Runoff (12R)
October 15 Quarterly Report (Q3	Report for the:	Convention (12C)	Special (1	2S)
January 31 Year-End Report (YE	Floation	on/	Y I Y I Y I Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30	DR) Special (30S)
Termination Report (TER)	Report for the:  Election	on//	Y W Y W Y	in the State of
5. Covering Period 11	29 2016	through 12	M / D D /	2016
I certify that I have examined this Type or Print Name of Treasurer	Report and to the best of m Ault, Anastasia, , ,	ny knowledge and belief it is	true, correct and	complete.
Signature of Treasurer  Ault, A	nastasia, , ,	[Electronically Filed]	Date 01	/ 30 / Y Y Y Y Y Y Y 2017
NOTE: Submission of false, errone	ous, or incomplete information	may subject the person signing	this Report to the	e penalties of 52 U.S.C. § 30109
Office Use				FEC FORM 3X Rev. 05/2016

### SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

•	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
٧	Write or Type Committee Name		
	Foundation for a Greater Americ	ea, Inc.	
F	Report Covering the Period: From:	11 / 29 / 2016 To:	12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		3813.64
	(b) Cash on Hand at Beginning of Reporting Period	. 11.10	
	(c) Total Receipts (from Line 19)	7000.00	200353.32
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7011.10	204166.96
7.	Total Disbursements (from Line 31)	6357.10	203512.96
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	. 654.00	654.00
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	. 220051.56	
10.	D. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	. 441488.27	
	This committee has qualified as a mul	lticandidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

i danadion for a Groator / information	Foundation	for a	Greater	America,	Inc.
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Report Covering the Period: From:	29 2016	To: 12 31 2016
I. Receipts	COLUMN A	COLUMN B
<u> </u>	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	0.00	151715.55
(i) Normzod (doo oonoddio 71)	4 4 4	
(ii) Unitemized	0.00	27450.77
(iii) TOTAL (add		1 1 1 1 1 1 1 1 1
Lines 11(a)(i) and (ii)▶	0.00	179166.32
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		470400.00
Totals to Line 33, page 5)▶	0.00	179166.32
Transfers From Affiliated/Other		0.00
Party Committees	0.00	0.00
3. All Loans Received	7000.00	19650.00
	45 1 45 1 45 1	4 4
. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	4 4	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	4 4	4 4
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	1537.00
. Transfers from Non-Federal and Levin Funds		7 7
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
=		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d),     12, 13, 14, 15, 16, 17, and 18(c))       ■	7000.00	200353.32
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	7000.00	200353.32

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)	10101 11101	Calendal Teal-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	2857.10	186912.96
Expenditures(c) Total Operating Expenditures	2837.10	100312.30
(add 21(a)(i), (a)(ii), and (b))▶	2857.10	186912.96
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	3500.00	16600.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity (from Schedule H6)	0))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6357.10	203512.96
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	6357.10	203512.96

#### **DETAILED SUMMARY PAGE**

of Disbursements

		0011111111	
	III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	179166.32
34.	(from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	179166.32
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2857.10	186912.96
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	2857.10	186912.96

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	F	ЭR	LINE	NU	MBER	:	PAGE	Ξ	6	OF	•	42
Use separate schedule(s) for each category of the	(c	he	ck only	or	ie)							
Detailed Summary Page			11a		11b		11c		12	_		
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	y information copied from such Reports and State for commercial purposes, other than using the na			
\	NAME OF COMMITTEE (In Full)			
	Foundation for a Greater America	, Inc.		
١.	Full Name of Individual (Last, First, Middle Initial) Ault III, Milton $C.,,$	or Full Orga	nization Name	Date of Receipt
	Mailing Address 13101 Cottonwood			12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Santa Ana	State CA	Zip Code 92705	Transaction ID : PAYA4737  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		7000.00
	Name of Employer (for Individual) Ault Glazer & Company		ation (for Individual) nan & Chief Executive Officer	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 19650.00	
3.	Full Name of Individual (Last, First, Middle Initial)  Mailing Address	or Full Orga	anization Name	Date of Receipt
	City	State	Zip Code	M = M / D = D / Y = Y = Y
	FEC ID number of contributing			Amount of Each Receipt this Period
	federal political committee.	С		
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼	
).	Full Name of Individual (Last, First, Middle Initial)	or Full Orga	anization Name	Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼	
SI	UBTOTAL of Receipts This Page (optional)		<b>•</b>	7000.00
T	OTAL This Period (last page this line number only	y)		7000.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  Foundation for a Greater America, Inc.  Full Name (Last, First, Middle Initial)  A. Deane & Company  Mailing Address 1787 Tribute Road, Suite K  City Sacramento Purpose of Disbursement Reporting Services Candidate Name  Disbursement For: Senate Primary Other (specify)  Tight  Other (specify)  Office Sought: House Disbursement  Fell Name (Last, First, Middle Initial)  B. Federal Election Commission  Malling Address 999 E Street, NW  City Washington Disbursement State District:  Full Name (Last, First, Middle Initial)  Date of Disbursement Filing Fees  Candidate Name  Office Sought: House Disbursement For: Senate Primary General President Disbursement For: Category/ Type  Office Sought: House Disbursement For: Senate Primary General Disbursement Filing Fees Candidate Name  Office Sought: House Disbursement For: Senate Primary General Disbursement For: Category/ Type  Office Sought: House Disbursement For: Senate Primary General Disbursement For: Category/ Type  Memol tem  FEC Identification Number  Category/ Transaction ID: EXPB4739 Amount of Each Disbursement For: Category/ Transaction ID: EXPB4739 Amount of Each Disbursement For: Memol tem  Memol tem  Memol tem  Memol tem	SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS			1		PAGE 7 OF 42
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full) Foundation for a Greater America, Inc.  Full Name (Last, First, Middle Initial) A. Deane & Company  Melling Address 1787 Tribute Road, Suite K  City Office Sought: House   Disbursement For:   Persident   Persi	ITEWNZED DISBURSEMENTS			<b>X</b> 21b	22 23	] [
NAME OF COMMITTEE (in Full) Foundation for a Greater America, Inc.  Full Name (Last, First, Middle Initial) A. Deane & Company  Mailing Address 1787 Tribute Road, Suite K  City Sacramento Purpose of Disbursement Reporting Services  Candidate Name  Office Sought: House   Disbursement For:   Disbursement   Permany   General   Date of Disbursement   Permany   Category   Type    City   Senate   President   Disbursement For:   Disbursement   Permany   Category   Type    City   Senate   President   Disbursement   Permany   Category   Type    City   Senate   President   Disbursement   Permany   Category   Type    City   Candidate Name   Category   Type    City   Candidate Name   Category   Type    City   Candidate Name   Category   Type    City   Category   Category   Type   Category   Type    City   Category   Category   Type   Category   Type    City   Category   Category   Type   Category   Type    City   Category   Category   Category   Type   Type   Type   Type    City   Category   Category   Category   Category   Type   Type   Type   Type   Type   Type    City   Category   Category   Category   Category   Type		SBURSEMENTS    Use separate schedule(s) for each category of the Detailed Summary Page   Pag				
A. Deane & Company  Mailing Address 1787 Tribute Road, Suite K  City Sacramon Candidate Name  Candidate Name  Disbursement For: Senate Primary Other (specify) ▼  City Washington Purpose of Disbursement Filing Fees Candidate Name  Disbursement Filing Fees Candidate Name  Disbursement  District:  District:  District:  Full Name (Last, First, Middle Initial)  City Washington Purpose of Disbursement Filing Fees Candidate Name  Disbursement  Disburse	NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Mailing Address 1767 Tribute Road, Suite K  City Sacramento City Sacramento City Sacramento City Sacramento City City City City City City City City	_					
Sacramento Purpose of Disbursement Reporting Services  Candidate Name  Office Sought: House Senate Prisident State: District: Hull Name (Last, First, Middle Initial)  Federal Election Commission  Mailing Address 999 E Street, NW  City Senate Prisident Disbursement For: Queneral Purpose of Disbursement For: Senate President Senate Primary General Disbursement This Peric Candidate Name  Office Sought: House Disbursement For: Queneral Purpose of Disbursement For: Senate Primary General Disbursement This Peric Candidate Name  City Senate Primary General Disbursement For: Queneral Disbursement Doc Category/ Type  City State: District: Queneral Disbursement For: Queneral Disbursement Doc Category/ Type  Office Sought: House Disbursement For: Queneral Disbursement For: Queneral Disbursement Doc Category/ Type  Office Sought: House Disbursement For: Queneral Disbursement Doc Category/ Type  Office Sought: House Disbursement For: Queneral Disbursement Disbursem	Mailing Address 1787 Tribute Road, Suite K					
Candidate Name  Category/ Office Sought:	Sacramento					umber
Office Sought:	Reporting Services				Transaction ID :	-
Full Name (Last, First, Middle Initial)  B. Federal Election Commission  Mailing Address 999 E Street, NW  City Washington Purpose of Disbursement Filing Fees Candidate Name  Office Sought:   House   Senate   Primary   General   State: District:   District:   Disbursement   Filing Fees   Transaction ID : EXPB4739   Amount of Each Disbursement this Peric   Transaction ID : EXPB4739   Amount of Each Disbursement this Peric   Transaction ID : EXPB4739   Amount of Each Disbursement this Peric   Transaction ID : EXPB4739   Amount of Each Disbursement this Peric   Transaction ID : EXPB4739   Amount of Each Disbursement this Peric   Transaction ID : EXPB4739   Amount of Each Disbursement   Table Todal Part of Disbursement   Transaction ID : EXPB4738   Amount of Each Disbursement this Peric   Transaction ID : EXPB4738   Amount of Each Disbursement this Peric   Transaction ID : EXPB4738   Amount of Each Disbursement this Peric   Transaction ID : EXPB4738   Amount of Each Disbursement this Peric   Transaction ID : EXPB4738   Amount of Each Disbursement this Peric   Transaction ID : EXPB4738   Amount of Each Disbursement this Peric   Transaction ID : EXPB4738   Amount of Each Disbursement this Peric   Transaction ID : EXPB4738   Amount of Each Disbursement this Peric   Transaction ID : EXPB4738   Amount of Each Disbursement this Peric   Transaction ID : EXPB4738   Amount of Each Disbursement this Peric   Transaction ID : EXPB4738   Amount of Each Disbursement this Peric   Transaction ID : EXPB4738   Amount of Each Disbursement this Peric   Transaction ID : EXPB4738   Amount of Each Disbursement this Peric   Transaction ID : EXPB4738   Transact	Senate President	Primary				
Washington Purpose of Disbursement Filing Fees Candidate Name  Office Sought: House Senate Primary General Other (specify) State: District:  Full Name (Last, First, Middle Initial) C: Federal Election Commission  Mailing Address 999 E Street, NW  City State Zip Code DC 20463 Purpose of Disbursement Filing Fees Candidate Name  Category/ Type  Date of Disbursement  FEC Identification Number  Category/ Type  Transaction ID: EXPB4739  Amount of Each Disbursement this Peric  Memo Item  FEC Identification Number  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Memo Item	Full Name (Last, First, Middle Initial)  B. Federal Election Commission				M = M / D = D	/ Y = Y = Y
Candidate Name  Category/ Type  Office Sought:	Washington Purpose of Disbursement			001		umber
Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Federal Election Commission  Mailing Address 999 E Street, NW  City Washington Purpose of Disbursement Filing Fees Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District:  Memo Item  Date of Disbursement  FEC Identification Number  Category/ Type  Transaction ID: EXPB4738  Amount of Each Disbursement this Period  President Other (specify)  Memo Item			Category/ Amount of Eac			
C. Federal Election Commission  Mailing Address 999 E Street, NW  City Washington Purpose of Disbursement Filing Fees Candidate Name  Category/ Type  Office Sought: House Senate President State: District:  Date of Disbursement  M M M M M M M M M M M M M M M M M M M	Senate President	Primary			Memo Item	100.00
Mailing Address 999 E Street, NW  City Washington Purpose of Disbursement Filing Fees Candidate Name  Office Sought: House President President State: District:    12						
Washington Purpose of Disbursement Filing Fees  Candidate Name  Office Sought: House Senate Primary General President  State: District:  DC 20463  Category/ Type  Category/ Type  Memo Item	Mailing Address 999 E Street, NW					
Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Category/ Type  Amount of Each Disbursement this Period  100.00  Memo Item	Washington Purpose of Disbursement		l .	001	C	
Senate Primary General Other (specify) ▼  State: District: Memo Item	Candidate Name					
SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary			Memo Item	100.00
. , , , , , , , , , , , , , , , , , , ,	SUBTOTAL of Disbursements This Page (optional)			<b>&gt;</b>	4	2200.00

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				8 OF 42			
ITEMIZED DISBURSEMENTS		category of the	(check on	· ′	¬		
		Summary Page	<b>X</b> 21b		23 28c	26 29	27 30b
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NAME OF COMMITTEE (In Full)							
Foundation for a Greater America	, Inc.						
Full Name (Last, First, Middle Initial)				D-44 F	\:-\:\:\:\:\		
A. Microsoft Office 365					isburseme		
Mailing Address One Microsoft Way				12	01		2016
City	State	Zip Code		FFC Iden	tification N	lumber	
Redmond	WA	98052					-
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Office Sought: House Disburse	ement For:				7	-	24.00
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Mailing Address One Microsoft Way				12	31		2016
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Redmond	WA	98052			uncation N	uniber	-
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SUBTOTAL of Disbursements This Page (optional).			·····•		7	7	04.00
TOTAL This Period (last page this line number only	<i>(</i> )						

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SCH	HEDULE B (FEC Form 3X)			FOR	LINE	LINE NUMBER: PAGE 9 O			F 42			
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N	AME OF COMMITTEE (In Full)											
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_	acramento urpose of Disbursement	- CA	95814		_	C						
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C. T	ransFirst, LLC					Date o	f Disbui	sem	nent			
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 10 OF			E 10 OF 42				
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	(check onl	y one)	¬				
		d Summary Page	<b>X</b> 21b 28a		23 28c	26 29	27 30b		
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Any information copied from such Reports and Si or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full)									
Foundation for a Greater Americ	ca, Inc.								
Full Name (Last, First, Middle Initial)				Data of F	\:_\				
A. U.S. Bank				Date of D					
Mailing Address 16061 Brookhurst Street				12	02		2016		
City	State	Zip Code		FEC Iden	tification	Number			
Fountain Valley	CA	92708			inoation	· · · · · · · · · · · · · · · · · · ·	-		
Purpose of Disbursement Bank Fee			001	C					
Candidate Name			Category/			: EXPB4	730 ent this Period		
	Amount	Each D	isburseme	ent this Period					
Office Sought: House Disbu	Type  Office Sought: House Disbursement For:						36.00		
Senate	Primary	General							
State: District:	Other (sp	pecity) $\blacktriangledown$		Memo	o Item				
Full Name (Last, First, Middle Initial)									
B. U.S. Bank				Date of D	isbursem	ent			
				M = M	/ D D	/ Y	Y		
Mailing Address 16061 Brookhurst Street				12 02 201			2016		
City Fountain Valley	State CA	Zip Code 92708		FEC Iden	tification	Number			
Purpose of Disbursement	- OA	92700		C					
Bank Fee			001		action IF	: EXPB4	731		
Candidate Name			Category/				ent this Period		
Office Sought: House Disbu	rooment For		Type	36.0					
Senate	rsement For: Primary	General			7	-	30.00		
President	Other (sp			□ Mars					
State: District:				Iviem	o Item				
Full Name (Last, First, Middle Initial)									
C. U.S. Bank				Date of D	isbursem				
Mailing Address 16061 Brookhurst Street				12	14	/ Y	2016		
City	State	Zip Code		EEO 14c-	tification	Number			
Fountain Valley	CA	92708		FEC Iden	uncauon	ivuiiiber	-		
Purpose of Disbursement Bank Fees			001	C	1742				
Candidate Name			Category/				ent this Period		
Office Sought: House Disbu	rsement For:		Type				50.45		
Senate	Primary	General			7	7	46		
President	Other (sp	pecify) ▼		Mem	o Item				
State: District:				LI WETT					
SUBTOTAL of Disbursements This Page (option	al)				-		122.45		
a service of the serv	,			-	7		4		
TOTAL This Period (last page this line number of	only)						2857.10		

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Lles constate achadula(a)		FOR LINE NUMBER: PAGE 11 OF 42 (check only one)	
	Detailed Summary Page			22 23 <b>x</b> 26 27 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Foundation for a Greater America,		· ·		
Full Name (Last, First, Middle Initial)  - Church, Judson A., , ,				Date of Disbursement
Mailing Address 764 Pines Lake Drive West	12 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Wayne	State NJ	Zip Code 07470		FEC Identification Number
Purpose of Disbursement  Candidate Name			Category	Transaction ID : PAYB4735 Amount of Each Disbursement this Period
Category/ Type  Office Sought:				3500.00  Memo Item
Full Name (Last, First, Middle Initial)  3.				Date of Disbursement
Mailing Address				
	State	Zip Code		FEC Identification Number
Purpose of Disbursement		С		
Candidate Name  Category/ Type				Amount of Each Disbursement this Period
Office Sought:    House				Memo Item
State: District:  Full Name (Last, First, Middle Initial)  C.				Date of Disbursement
Mailing Address				M M / D D / Y N Y N Y
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement  Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General	75-	Mome Herr
State: District:	(- 200			Memo Item
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)				3500.00 3500.00

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

			Potanea cammary rago   Port Elive 13 of Portivi 3X
AME OF COMMITTEE (In Full)  Foundation for a Greater A	America	Inc	Transaction ID: RCVC3469
			T
LOAN SOURCE Full Name (Last, First, Middle Initial) Finiks Capital, LLC			N ☐ Memo Item   Election: Primary
			General
Mailing Address 3625 W. MacArth	nur Blvd., #3	302	Other (specify) ▼
City		State	ZIP Code
Santa Ana		CA	92704
Original Amount of Loan		Cumulative Pay	rment To Date Balance Outstanding at Close of This Period
438	313.34	4	23461.78 20351.56
TERMS  Date Incurred		D	ate Due Interest Rate Secured:
	4	11 / 17	/ Y 2017
List All Endorsers or Guaranto	rs (if any)	to Loan Source	
1. Full Name (Last, First, Middle	, ,,		Name of Employer
Mailing Address			Occupation
Mailing Address			Оссирация
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle	Initial)	1	Name of Employer
Mailing Address			Occupation
Walling Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Pag	e (ontional)		
TODICIALS THIS FEHOU THIS Pay	e (optional)		20351.56
FOTALS This Period (last page in	this line on	ly)	······································
Carry outstanding balance only to	LINE 3 Sc	hadula D for this	s line. If no Schedule D. carry forward to appropriate line of Summary

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) Foundation for a Greater America,	Inc.	Transaction ID : RCVC3461		
LOAN SOURCE Full Name (Last, First, Middle Initial)  N				
Mailing Address 3625 W. MacArthur Blvd., #3	02	General  Other (specify) ▼		
City	State	ZIP Code		
Santa Ana	CA	92704		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
21100.00		0.00 21100.00		
TERMS Date Incurred	Da	ate Due Interest Rate Secured:		
M11 / 18 / Y 2014 Y	11 / 18	<sup>1</sup> 2017 0.00 % (apr) Yes <b>x</b> No		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)  Name of Employer				
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
carry outstanding balance only to LINE 3. Sc	nedule D. tor this	line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page   FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) Foundation for a Greater America,	Inc.	Transaction ID : RCVC3501		
LOAN SOURCE Full Name (Last, First, Middle Initial)  N				
Mailing Address 3625 W. MacArthur Blvd., #3	02	General Other (specify) ▼		
City	State	ZIP Code		
Santa Ana	CA	92704		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
100000.00		0.00 100000.00		
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:		
M 11 M / D 18 D / Y 2014 Y	05 / 18	0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	•	Name of Employer		
Mailing Address		Occupation		
City	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)  Name of Employer				
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)  Name of Employer				
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3. Sc	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) Foundation for a Greater America,	Inc.	Transaction ID : RCVC3956		
LOAN SOURCE Full Name (Last, First, Middle Initial)  N				
Mailing Address 3625 W. MacArthur Blvd., #30	02	General Other (specify) ▼		
City	State	ZIP Code		
Santa Ana	CA	92704		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
1200.00		0.00 1200.00		
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:		
M 01 M / B 30 B / Y 2015	01 / 30	0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) t	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)  Name of Employer				
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
carry outstanding balance only to LINE 3. Sci	nedule D. tor this	line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the

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			Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)  Transaction ID : RCVC3958			
Foundation for a Greater	America,	Inc.	
LOAN SOURCE Full Name (I Finiks Capital, LLC	_ast, First, M	ddle Initial)	N
Mailing Address 3625 W. MacA	rthur Blvd., #3	02	Other (specify) ▼
City		State	ZIP Code
Santa Ana		CA	92704
Original Amount of Loan		Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
7	7400.00	7	0.00 77400.00
TERMS  Date Incurred			late Due Interest Rate Secured:
M M / D D / Y Y	015 Y	01 / D 30	2017 0.00 % (apr) Yes X No
List All Endorsers or Guarant	ors (if any)	to Loan Source	
1. Full Name (Last, First, Midd	le Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Midd	le Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)  Name of Employer			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in	n this line onl	y)	220051.56
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Summary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) Foundation for a Greater America	, Inc.	Transaction ID : PAYC4645	
LOAN SOURCE Full Name (Last, First, Malt III, Milton C., , ,	fiddle Initial)	N	
Mailing Address 13101 Cottonwood		Other (specify) ▼	
City	State ZIP C		
Santa Ana	CA 92	705	
Original Amount of Loan	Cumulative Payment T	To Date Balance Outstanding at Close of This Period	
800.00	7	0.00	
TERMS  Date Incurred	Date Due	e Interest Rate Secured:	
M 10	10 03	2017 15.00 % (apr) Yes <b>x</b> No	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	•	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)			
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)  Name of Employer			
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3. So	chedule D. for this line. I	f no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) Foundation for a Greater America,	Inc.	Transaction ID : PAYC4721	
LOAN SOURCE Full Name (Last, First, M Ault III, Milton C., , ,	iddle Initial)	N ☐ Memo Item ☐ Election: Primary General	
Mailing Address 13101 Cottonwood		Other (specify) ▼	
City	State	ZIP Code	
Santa Ana	CA	92705	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
1500.00	-	0.00 1500.00	
TERMS  Date Incurred	Da	te Due Interest Rate Secured:	
M 10 M / D 28 D / Y 2016 Y	10 / 28	0.00	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)  Name of Employer			
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3. Sc	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		, , , , , , , , , , , , , , , , , , , ,
IAME OF COMMITTEE (In Full)  Foundation for a Greater Americ	a, Inc.	Transaction ID : PAYC4667
LOAN SOURCE Full Name (Last, First, Ault III, Milton C., , ,	Middle Initial)	N
Mailing Address 13101 Cottonwood		Other (specify) ▼
City	State	ZIP Code
Santa Ana	CA	92705
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
10300.00		0.00 10300.00
TERMS  Date Incurred	D	ate Due Interest Rate Secured:
M 11 M / D 10 / Y 2016	11 / 10	/ 2017 0.00 % (apr) Yes <b>x</b> No
List All Endorsers or Guarantors (if any	v) to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	al)	10300.00
TOTALS This Period (last page in this line	only)	
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page   FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) Foundation for a Greater America	a, Inc.	Transaction ID : PAYC4694		
LOAN SOURCE Full Name (Last, First, Middle Initial)  **N				
Mailing Address 13101 Cottonwood		General  Other (specify) ▼		
City	State	ZIP Code		
Santa Ana	CA	92705		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
50.00		0.00 50.00		
TERMS  Date Incurred	D	ate Due Interest Rate Secured:		
M11 / 16 / Y 2016	11 / 16	/ 2017 0.00 % (apr) Yes <b>x</b> No		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3. S	cnedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sufficially Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) Foundation for a Greater America	a, Inc.	Transaction ID : PAYC4737		
LOAN SOURCE Full Name (Last, First, Middle Initial)  N				
Mailing Address 13101 Cottonwood		General  Other (specify) ▼		
City	State	ZIP Code		
Santa Ana	CA	92705		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
7000.00		0.00 7000.00		
TERMS  Date Incurred	D	ate Due Interest Rate Secured:		
M 12 M / D 02 D / Y 2016	12 / 02	0.00 % (apr) Yes <b>✗</b> No		
List All Endorsers or Guarantors (if any	) to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)  Name of Employer				
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)  Name of Employer				
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
FOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3. S	Schedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) Foundation for a Greater America,	Inc.	Transaction ID : PAYC3820	
LOAN SOURCE Full Name (Last, First, M Church, Judson A., , ,	iddle Initial)	N ☐ Memo Item	
Mailing Address 764 Pines Lake Drive West		Other (specify) ▼	
City	State	ZIP Code	
Wayne	NJ	07470	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
250000.00	-	69650.00 180350.00	
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:	
M 01 M / D 27 D / Y 2015 Y	11 / 23	/ Y 2016 15.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)  Name of Employer			
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)  Name of Employer			
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3. Sc	nedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

#### : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: SC/10 Transaction ID: PAYC3820

Loan Received; See Schedule C

Form/Schedule: Transaction ID:

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE	24	OF	42	
FOD	I INIT :	10.05	FORM OV	

				Detailed Suffillial	y raye	FOR LINE I	3 OF FURIN 3X
AME OF COMMITTEE (In Full)	norioo	Ino			Transac	ction ID : PAYC19	50
Foundation for a Greater An	ierica,	IIIC.					
LOAN SOURCE Full Name (Last, Church, Judson A., , ,	First, Mi	ddle Initial)		N Memo	o Item E	Primary General	
Mailing Address 764 Pines Lake Driv	ve West					Other (specify)	▼
City		State	ZIP Co	de			
Wayne		NJ	0747	0			
Original Amount of Loan		Cumulative Pay	ment To	Date	Balance	e Outstanding at C	lose of This Period
10000	.00	-		0.00			10000.00
TERMS  Date Incurred		Da	ate Due	Intere	st Rate		Secured:
M 07	Y	07 / 23	/ Y	2017	15.00	<b>%</b> (apr)	Yes X No
List All Endorsers or Guarantors	(if any) t	o Loan Source					
1. Full Name (Last, First, Middle In	itial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		T T .	7
2. Full Name (Last, First, Middle In	2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		<b>T</b>     <b>T</b>	75
3. Full Name (Last, First, Middle In	itial)	'		Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		T   T	7
4. Full Name (Last, First, Middle In	itial)	·		Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		, , , , , , , , , , , , , , , , , , ,	
SUBTOTALS This Period This Page (	optional).			·····			10000.00
TOTALS This Period (last page in this	line only	y)		······		. , ,	
Carry outstanding balance only to LII	NE 3. Sch	nedule D. for this	line. If	no Schedule D. car	rv forwar	rd to appropriate	line of Summarv.

#### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SC/10 Transaction ID: PAYC1950

Loan Received; See Schedule C

Form/Schedule: Transaction ID:

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)  Foundation for a Greater A	merica	Inc.	Transaction ID : PAYC3812
LOAN SOURCE Full Name (Las CrossClick Media, Inc.			N
Mailing Address 8725 S. Eastern A	venue, #20	00-661	General Other (specify) ▼
City		State	ZIP Code
Las Vegas		NV	89123
Original Amount of Loan		Cumulative Pay	rment To Date Balance Outstanding at Close of This Period
2650	00.00	-	0.00 26500.00
Date Incurred  Date Due  Date Due			ate Due Interest Rate Secured:  10.00 % (apr) Yes X No
List All Endorsers or Guarantors	, ,,	to Loan Source	Name of Employer
1. Full Name (Last, First, Middle	initiai)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle	Initial)	'	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page  FOTALS This Period (last page in the			200000
Carry outstanding balance only to I	INE 3, Sc	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) Foundation for a Greater America	, Inc.	Transaction ID : PAYC3816		
LOAN SOURCE Full Name (Last, First, M CrossClick Media, Inc.	liddle Initial)	N ☐ Memo Item		
Mailing Address 8725 S. Eastern Avenue, #2	00-661	Other (specify) ▼		
City	State	ZIP Code		
Las Vegas	NV	89123		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
19000.00	-	0.00		
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:		
M 05 / D 13 D / Y Y 2015	11 / 30	/ 2016 10.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line on				
Carry outstanding balance only to LINE 3. So	chedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		Potation curimary rage   TOTT LINE 15 OF TOTAL SX		
IAME OF COMMITTEE (In Full) Foundation for a Greater Americ	a, Inc.	Transaction ID : PAYC3818		
LOAN SOURCE Full Name (Last, First, CrossClick Media, Inc.	Middle Initial)	N		
Mailing Address 8725 S. Eastern Avenue,	#200-661	Other (specify) ▼		
City	State	ZIP Code		
Las Vegas	NV	89123		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
13200.00	1	9676.79 3523.21		
TERMS  Date Incurred	D	ate Due Interest Rate Secured:		
M 05 M / D 13 D / Y 2015	11 / 30	/ 2016 10.00 % (apr) Yes <b>✗</b> No		
List All Endorsers or Guarantors (if any	y) to Loan Source	N (5 )		
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	•	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	·	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
OTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3	Schedule D for this	s line If no Schedule D. carry forward to appropriate line of Summary		

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

LANGE OF COMMUTTEE (In Fall)			Transaction ID DAYO4004
IAME OF COMMITTEE (In Full) Foundation for a Greater Ai	merica,	Inc.	Transaction ID : PAYC1964
LOAN SOURCE Full Name (Last Finiks Capital, LLC	, First, M	iddle Initial)	N ☐ Memo Item Election: Primary General
Mailing Address 3625 W. MacArthu	r Blvd., #3	02	Other (specify) ▼
City		State	ZIP Code
Santa Ana		CA	92704
Original Amount of Loan		Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
1240	0.00		2695.00 9705.00
TERMS  Date Incurred		D	Date Due Interest Rate Secured:
07 <sup>M</sup> / 06 <sup>D</sup> / 2015	Y	<sup>M</sup> 07 / <sup>D</sup> 06	/ 2017 0.00 % (apr) Yes <b>x</b> No
List All Endorsers or Guarantors	(if any)	to Loan Source	
Full Name (Last, First, Middle II	nitial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle I	nitial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle I	nitial)	·	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle I	nitial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)			
OTALS This Period (last page in this line only)			
Carry outstanding balance only to L	INE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		TOTAL TO OF TOTAL ON		
IAME OF COMMITTEE (In Full) Foundation for a Greater America	a, Inc.	Transaction ID : PAYC3298		
LOAN SOURCE Full Name (Last, First, Finiks Capital, LLC	Middle Initial)	N		
Mailing Address 3625 W. MacArthur Blvd., 7	¥302	Other (specify) ▼		
City	State	ZIP Code		
Santa Ana	CA	92704		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
5000.00		0.00 5000.00		
TERMS  Date Incurred		ate Due Interest Rate Secured:		
10 <sup>M</sup> / 21 <sup>D</sup> / 2015	10 / 21	0.00		
List All Endorsers or Guarantors (if any	) to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	'	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
OTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3.5	Schedule D. for this	s line If no Schedule D. carry forward to appropriate line of Summary		

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full)  Foundation for a Greater Ar	nerica, Inc.			•	•
· ·	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Aristotle International, Inc.				Nature of Debt (Purpose): Card Processing & Web Design Services
Mailing Address 205 Pennsylvania A	venue SE				
City Washington		State DC	Zip Code 20003		
Outstanding Balance Beginning Th	-				Transaction ID : PAYD3515
Amount Incurred This Perio		Payr	nent This Period		Outstanding Balance at Close of This Period
	0.00		7	0.00	2550.00
B. Full Name (Last, First, Middle Initi Aristotle International, I	•	Creditor			Nature of Debt (Purpose): Merchant Fees
Mailing Address 205 Pennsylvania A	venue SE				
City Washington		State DC	Zip Code 20003		
Outstanding Balance Beginning The	0.99	Payn	nent This Period		Transaction ID : PAYD3805  Outstanding Balance at Close of This Period
	0.00	<b>—</b>	4	0.00	0.99
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Aristotle International, Inc.					Nature of Debt (Purpose): Card Processing & Web Design Services
Mailing Address 205 Pennsylvania A	venue SE				
City Washington		State DC	Zip Code 20003		
Outstanding Balance Beginning Th					Transaction ID : PAYD3807
	od 0.00	Payr	nent This Period	0.00	Outstanding Balance at Close of This Period 20000.00
SUBTOTALS This Period This Page	e (optional)				22550.99
2) TOTALS This Period (last page this	line number onl	ly)			
3) TOTAL OUTSTANDING LOANS from	m Schedule C (I	ast page onl	y)	<b>&gt;</b>	
4) ADD 2) and 3) and carry forward to	appropriate line	of Summar	y Page (last page	e only) ►	

**Excluding Loans** 

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NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Merchant Fees Aristotle International, Inc. Mailing Address 205 Pennsylvania Avenue SE State Zip Code Washington DC 20003 Transaction ID: PAYD3961 Outstanding Balance Beginning This Period 0.99 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.99 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Merchant Fees Aristotle International, Inc. Mailing Address 205 Pennsylvania Avenue SE City State Zip Code Washington 20003 Outstanding Balance Beginning This Period Transaction ID: PAYD3966 0.99 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.99 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Office Supplies Ault, Anastasia, , , Mailing Address 8686 Merced Circle, Unit 1007 D City State Zip Code CA 92626 Costa Mesa Outstanding Balance Beginning This Period Transaction ID: PAYD2231 12.71 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 12.71 14.69 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc	; <u>.</u>		
A. Full Name (Last, First, Middle Initial) of Debtor ( Ault, Anastasia, , ,	Nature of Debt (Purpose): Office Supplies		
Mailing Address 8686 Merced Circle, Unit 1007 D			
City Costa Mesa	State CA	Zip Code 92626	
Outstanding Balance Beginning This Period 28.80			Transaction ID : PAYD2696
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	28.80
B. Full Name (Last, First, Middle Initial) of Debtor o Ault, Anastasia, , ,	r Creditor		Nature of Debt (Purpose): Postage
Mailing Address 8686 Merced Circle, Unit 1007 D			
City Costa Mesa	State CA	Zip Code 92626	
Outstanding Balance Beginning This Period 19.60			Transaction ID : PAYD3509
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00	19.60		
C. Full Name (Last, First, Middle Initial) of Debtor Cane, Kyleen, , ,	Nature of Debt (Purpose): Merchant Fees		
Mailing Address 3273 East Warm Springs Road			
City Henderson	State NV	Zip Code 89014	
Outstanding Balance Beginning This Period 75.46			Transaction ID : PAYD2448
Amount Incurred This Period 0.00	Pay	ment This Period	Outstanding Balance at Close of This Period 75.46
0.00	T	7	
1) SUBTOTALS This Period This Page (optional)		·····	123.86
2) TOTALS This Period (last page this line number o			
<ul><li>4) ADD 2) and 3) and carry forward to appropriate lir</li></ul>			

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) Foundation for a Greater	America, Inc	 >.			
A. Full Name (Last, First, Middle Cane, Kyleen, , ,	Nature of Debt Merchant Fees	(Purpose):			
Mailing Address 3273 East Warm	Springs Road				
City Henderson		State NV	Zip Code 89014		
Outstanding Balance Beginning	This Period	144	09014	Transaction	ID : PAYD2451
7	66.72				
Amount Incurred This Po	eriod	Pay	ment This Period		Balance at Close of This Period
7	0.00		0	.00	66.72
B. Full Name (Last, First, Middle I	nitial) of Debtor o	or Creditor		Nature of Debt Merchant Fees	
Mailing Address 3273 East Warm	Springs Road				
City Henderson		State NV	Zip Code 89014		
Outstanding Balance Beginning	This Period 57.82			Transaction	ID : PAYD2455
Amount Incurred This Pe	eriod	Pay	ment This Period	Outstanding E	Balance at Close of This Period
	0.00		0	00	57.82
C. Full Name (Last, First, Middle Cane, Kyleen, , ,	Initial) of Debtor	or Creditor		Nature of Debt Loan Fee	(Purpose):
Mailing Address 3273 East Warm	n Springs Road				
City Henderson		State NV	Zip Code 89014		
Outstanding Balance Beginning				Transaction	ID : PAYD3792
Amount Incurred This Pe	450.00 eriod	Pav	ment This Period	Outstanding E	Balance at Close of This Period
7 7	0.00	1 7	0	00	450.00
1) SUBTOTALS This Period This Pa	age (optional)			>	574.54
2) TOTALS This Period (last page t	his line number o	nly)		>	7
3) TOTAL OUTSTANDING LOANS	from Schedule C	(last page or	nly)	>	
4) ADD 2) and 3) and carry forward	to appropriate lin	ne of Summa	ry Page (last page o	nly) ▶	

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Loan Interest Cane, Kyleen, , , Mailing Address 3273 East Warm Springs Road State Zip Code Henderson ΝV 89014 Transaction ID: PAYD3793 Outstanding Balance Beginning This Period 820.87 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 820.87 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Loan Interest Payment Church, Judson A., , , Mailing Address 764 Pines Lake Drive West City State Zip Code Wayne 07470 NJ Outstanding Balance Beginning This Period Transaction ID: PAYD3969 362.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 362.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Corporate Document Services Corporation Service Company (CSC) Mailing Address P.O. Box 13397 City State Zip Code Philadelphia PΑ 19101 Outstanding Balance Beginning This Period Transaction ID: PAYD1965 352.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 352.00 1534.87 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

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				,   10
	ME OF COMMITTEE (In Full)  oundation for a Greater America, Inc	Э.		
	A. Full Name (Last, First, Middle Initial) of Debtor  Corporation Service Company (	Nature of Debt (Purpose): Interest Fee		
	lailing Address P.O. Box 13397			
	City Philadelphia	State PA	Zip Code 19101	
	Outstanding Balance Beginning This Period 33.84			Transaction ID : PAYD2235
	Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period
	0.00	1 7	0.00	33.84
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Corporation Service Company (CSC)			Nature of Debt (Purpose): Interest Fee
	Mailing Address P.O. Box 13397			
	City Philadelphia	State PA	Zip Code 19101	
	Outstanding Balance Beginning This Period 24.12			Transaction ID : PAYD2701
	Amount Incurred This Period Payment This Period		Outstanding Balance at Close of This Period 24.12	
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Corporation Service Company (CSC)  Mailing Address P.O. Box 13397			Nature of Debt (Purpose):
				Interest Fee
	City Philadelphia	State PA	Zip Code 19101	
	Outstanding Balance Beginning This Period 8.28			Transaction ID : PAYD3324
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	8.28
1)	SUBTOTALS This Period This Page (optional)			66.24
2)	TOTALS This Period (last page this line number only)			7 7 7
_	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
4)	4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶			

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Interest Fee Corporation Service Company (CSC) Mailing Address P.O. Box 13397 State Zip Code Philadelphia PA 19101 Transaction ID: PAYD3512 Outstanding Balance Beginning This Period 8.28 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 8.28 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Interest Fee Corporation Service Company (CSC) Mailing Address P.O. Box 13397 City State Zip Code Philadelphia 19101 PA Outstanding Balance Beginning This Period Transaction ID: PAYD3806 15.84 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 15.84 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Interest Fee Corporation Service Company (CSC) Mailing Address P.O. Box 13397 City State Zip Code Philadelphia PΑ 19101 Outstanding Balance Beginning This Period Transaction ID: PAYD3967 9.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 9.00 33.12 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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				1. 1.
	ME OF COMMITTEE (In Full) Dundation for a Greater America, Inc	<b>)</b> .		
	A. Full Name (Last, First, Middle Initial) of Debtor CrossClick Media, Inc.	Nature of Debt (Purpose): Call Center		
	Mailing Address 8725 S. Eastern Avenue, #200-66			
	City Las Vegas	State Zip Code NV 89123		
	Outstanding Balance Beginning This Period 62747.69			Transaction ID : PAYD3962
	Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period
	0.00		0.00	62747.69
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Deane & Company			Nature of Debt (Purpose): Reporting Services
İ	Mailing Address 1787 Tribute Road, Suite K			
	City Sacramento	State CA	Zip Code 95815	
	Outstanding Balance Beginning This Period  14011.65  Amount Incurred This Period Payment This Period			Transaction ID : PAYD4724  Outstanding Balance at Close of This Period
	0.00		2000.00	12011.65
•	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hodgins, James P., , ,  Mailing Address P.O. Box 3587			Nature of Debt (Purpose): Consulting Services
	City Tustin	State CA	Zip Code 92781	
	Outstanding Balance Beginning This Period 1489.05			Transaction ID : PAYD3804
	Amount Incurred This Period 0.00	Pay	ment This Period	Outstanding Balance at Close of This Period 1489.05
	CURTOTAL C. This Posted This Posts (autional)	7	7	76248.39
	TOTALS This Period (last page this line number of			
3)	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
4)	4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶			

**Excluding Loans** 

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NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Consulting Services Hodgins, James P., , , Mailing Address P.O. Box 3587 City State Zip Code Tustin CA 92781 Transaction ID: PAYD3959 Outstanding Balance Beginning This Period 9000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 9000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Management Consulting Services** InFind.com, Inc. Mailing Address 12021 Wilshire Blvd., Suite 634 City State Zip Code Los Angeles 90025 CA Outstanding Balance Beginning This Period Transaction ID: PAYD1975 6100.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 6100.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Management Consulting Services** InFind.com, Inc. Mailing Address 12021 Wilshire Blvd., Suite 634 City State Zip Code Los Angeles CA 90025 Outstanding Balance Beginning This Period Transaction ID: PAYD2183 20000.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 20000.00 35100.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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	ME OF COMMITTEE (In Full) bundation for a Greater America, Inc.				
	A. Full Name (Last, First, Middle Initial) of Debtor of Jeff Taylor Graphics	Nature of Debt (Purpose): Design of Logo, Letterhead and Envelopes			
	Mailing Address 2633 Lincoln Blvd., Suite 837				
	City Santa Monica		Zip Code 90405		
	Outstanding Balance Beginning This Period	Transaction ID : PAYD2201			
	Amount Incurred This Period Payment This Period  0.00 0.00				
				Outstanding Balance at Close of This Period 2075.00	
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  John Cowan Law			Nature of Debt (Purpose): Legal Services	
	Mailing Address 100 Pine Street, Suite 1250				
- 1	City San Francisco	State CA	Zip Code 94111		
	Outstanding Balance Beginning This Period  15550.15  Amount Incurred This Period  0.00  Payment This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Propel Management Group, Inc.  Mailing Address 3625 W. Macarthur Blvd., #302.			Transaction ID : PAYD1976	
				Outstanding Balance at Close of This Period	
				15550.15	
				Nature of Debt (Purpose): Consulting Services for Call Center	
	City Santa Ana	State CA	Zip Code 92704		
	Outstanding Balance Beginning This Period 726.78			Transaction ID : PAYD2239	
	Amount Incurred This Period Payment This Period		Outstanding Balance at Close of This Period		
	0.00	1 7	0.00	726.78	
1)	SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	18351.93	
2)	TOTALS This Period (last page this line number or	nly)	<b>&gt;</b>		
3)	) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			7 7	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶					

**Excluding Loans** 

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NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Professional Services** Propel Management Group, Inc. Mailing Address 3625 W. Macarthur Blvd., #302. State Zip Code Santa Ana CA 92704 Transaction ID: PAYD3507 Outstanding Balance Beginning This Period 129.55 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 129.55 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Computer Services Spaziano, Joe, , , Mailing Address 1928 E. Van Owen Avenue, Apt. A City State Zip Code 92867 Orange CA Outstanding Balance Beginning This Period Transaction ID: PAYD3516 80.96 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 80.96 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Penalty Fee State of California-Franchise Tax Board Mailing Address P.O. Box 942857 City State Zip Code CA 94257 Sacramento Outstanding Balance Beginning This Period Transaction ID: PAYD3963 250.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 250.00 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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NAME OF COMMITTEE (In Full) Foundation for a Greater America, Inc. A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal Services Womble Carlyle Sandridge & Rice, LLP Mailing Address 1200 19th Street NW, Suite 500 State Zip Code Washington DC 20036 Transaction ID: PAYD2208 Outstanding Balance Beginning This Period 12264.92 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 12264.92 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal Services Womble Carlyle Sandridge & Rice, LLP Mailing Address 1200 19th Street NW, Suite 500 City State Zip Code Washington 20036 Outstanding Balance Beginning This Period Transaction ID: PAYD2722 436.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 436.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 12700.92 1) SUBTOTALS This Period This Page (optional)..... 167760.06 2) TOTALS This Period (last page this line number only)..... 273728.21 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 441488.27 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶